

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD

CERTIFICATE OF FOREIGN GRADUATE INTERNSHIP IN THE PRACTICE OF PHARMACY

APPLICANT: Complete this section and submit to supervising pharmacist for completion. Form must be returned directly from the supervising pharmacist to the Department at the above address. This form may be copied and additional copies are to be submitted every six (6) months to the Department.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Graduation:

 / /

SUPERVISING PHARMACIST: Complete this section and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredpharmacy@wisconsin.gov.

I have supervised the above named applicant for a total of hours (limited to a maximum of 2000 hours) in an internship in the practice of pharmacy.

Dates of Supervision: / / to / /

The undersigned, state that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

 / /

Signature of Supervising Pharmacist

Date

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Name of Supervising Pharmacist

Supervising Pharmacist WI License Number

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Daytime Phone Number

Pharmacy WI License Number

Internship Location:

(name, number, street, city, zip code)